

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HillPAC

ADDRESS (number and street)

1825 K Street

Suite 1000

☐Check if different
than previously
reported. (ACC)

Washington

DC

20006

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00363994

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2008

through

08

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Allison Wright

Signature of Treasurer

Electronically Filed by Allison Wright

Date

05

12

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
HILLPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		8534.51
(b) Cash on Hand at Beginning of Reporting Period	194590.11	
(c) Total Receipts (from Line 19)	267632.00	669145.56
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	462222.11	677680.07
7. Total Disbursements (from Line 31)	260851.27	476309.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	201370.84	201370.84
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	97595.94	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HILLPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	259600.00	598983.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3032.00	17214.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	262632.00	616197.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	52000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	267632.00	668197.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	948.56
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	267632.00	669145.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	267632.00	669145.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	260801.27	476259.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	260801.27	476259.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	260851.27	476309.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	260851.27	476309.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	267632.00	668197.00
34. Total Contribution Refunds (from Line 28(d))	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	267582.00	668147.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	260801.27	476259.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	948.56
38. Net Operating Expenditures (subtract Line 37 from Line 36)	260801.27	475310.67

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 / 132

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
HillPAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mayfield Strategy GroupNature of Debt (Purpose):
Consulting/Website

Mailing Address 961 Ilima Way

City State ZIP Code
Palo Alto CA 94306

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-87

Amount Incurred This Period

54537.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

54537.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
At Risk Protection & Inv., LLCNature of Debt (Purpose):
Security

Mailing Address Post Office Box 270

City State ZIP Code
Catharpin VA 20143

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-88

Amount Incurred This Period

15337.62

Payment This Period

6720.00

Outstanding Balance at Close of This Period

8617.62

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Carefirst Bluecross BlueshieldNature of Debt (Purpose):
Employee Benefits

Mailing Address Post Office Box 79749

City State ZIP Code
Baltimore MD 21279-0749

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-89

Amount Incurred This Period

15775.54

Payment This Period

7877.75

Outstanding Balance at Close of This Period

7897.79

1) SUBTOTALS This Period This Page (optional).....

71053.28

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 / 132

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
HillPAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Allied TelecomNature of Debt (Purpose):
Telephone Service

Mailing Address Post Office Box 758792

City State ZIP Code
Baltimore MD 21275-8792

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-90

Amount Incurred This Period

833.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

833.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NGP Software, Inc.Nature of Debt (Purpose):
Consulting/ TechnologyMailing Address 1225 Eye Street, N.W.
Suite 1225City State ZIP Code
Washington DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-92

Amount Incurred This Period

750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Total Fundraising Strat., Inc.Nature of Debt (Purpose):
Consulting/ FundraisingMailing Address 3005 South Lamar Boulevard
Number D-109-347City State ZIP Code
Austin TX 78704

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-93

Amount Incurred This Period

2063.80

Payment This Period

1063.80

Outstanding Balance at Close of This Period

1000.00

1) SUBTOTALS This Period This Page (optional).....

2583.34

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 / 132

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
HillPAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dominion Virginia PowerNature of Debt (Purpose):
Office Utilities

Mailing Address Post Office Box 26543

City State ZIP Code
Richmond VA 23290-0001

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-94

Amount Incurred This Period

6085.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

6085.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SprintNature of Debt (Purpose):
Telephone Service

Mailing Address Post Office Box 219623

City State ZIP Code
Kansas City MO 64121-9623

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-95

Amount Incurred This Period

2068.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

2068.88

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Ryan, Phillips, Utrecht & MacKinnonNature of Debt (Purpose):
Consulting/LegalMailing Address 1900 M Street, N.W.
Suite 500City State ZIP Code
Washington DC 20036

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-96

Amount Incurred This Period

10275.32

Payment This Period

0.00

Outstanding Balance at Close of This Period

10275.32

1) SUBTOTALS This Period This Page (optional).....

18429.37

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 / 132

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
HillPAC**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
S&B Public Solutions, LLCNature of Debt (Purpose):
Consulting/ CommunicationsMailing Address 1000 Potomac Street, N.W.
Suite 500City State ZIP Code
Washington DC 20007

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-97

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Staples Business AdvantageNature of Debt (Purpose):
Office SuppliesMailing Address Dept DC 85105
Post Office Box 30851City State ZIP Code
Hartford CT 06150-0851

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-98

Amount Incurred This Period

529.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

529.95

1) **SUBTOTALS** This Period This Page (optional).....

5529.95

2) **TOTALS** This Period (last page this line number only).....

97595.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

97595.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Margo Alexander

Mailing Address 138 East 92nd Street

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61087

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Nina Ansary

Mailing Address 1424 North Doheny Drive

City

Los Angeles

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ansary Foundation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61058

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Claudine Bacher

Mailing Address 930 5th Avenue
Apartment 2A

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61098

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Neal Baer

Mailing Address 6345 Balboa Boulevard

City

Encino

State

CA

Zip Code

91316

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC

Occupation

Executive Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61060

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Helen Barer

Mailing Address 203 West 86 Street
Apartment 1108

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: C61054

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregg B Brelsford

Mailing Address 164 South 900 East

City

Salt Lake City

State

UT

Zip Code

84102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61103

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Puyong Brelsford

Mailing Address 1064 S. 111 East

City

Salt Lake City

State

UT

Zip Code

84105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61102

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Robert M. Browne

Mailing Address 25 Central Park West
Apartment 210

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corcoran

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61094

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Richard I Buckley, Jr.

Mailing Address 2833 Third Street

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer
AR& Mechanical

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C61112

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Kathryn Davis

Mailing Address 439 South Catalina

City

Pasadena

State

CA

Zip Code

91106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61062

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Andrew Dayton

Mailing Address 4224 Fremont Ave S

City

Minneapolis

State

MN

Zip Code

55409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clinton Global Institution

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61090

Amount of Each Receipt this Period

2300.00

C.

Full Name (Last, First, Middle Initial)

Dagmar Dolby

Mailing Address 3340 Jackson Street

City

San Francisco

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C61156

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Sarah Epstein

Mailing Address 5620 Oregon Avenue, N.W.

City

Washington

State

DC

Zip Code

20015-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61056

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Michael E Fox, Sr

Mailing Address 128 Component Dr

City

San Jose

State

CA

Zip Code

95131

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.E.Fox & Co., Inc

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C61114

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Gail Furman

Mailing Address 151 East 83rd Street

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Child Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61101

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Joan Ganz Cooney

Mailing Address 1 Lincoln Plaza

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sesame Workshop

Occupation

Exec. Committee Chairperson

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61082

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Brian Gelber

Mailing Address 1096 Fisher Lane

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gelber Group

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C60980

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Coleen Gelber

Mailing Address 1096 Fisher Lane

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C60984

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Franklin Gelber

Mailing Address 1527 Washington Ave

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gelber Investments

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C60985

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Richard N. Goldman

Mailing Address One Bush Street
9th Floor

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monte Vista Management Co

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C61113

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Berry Gordy

Mailing Address 933 Cecina Way

City

Los Angeles

State

CA

Zip Code

90077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61079

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Francis Greenburger

Mailing Address 55 Fifth Avenue

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Time Equities, Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C60576

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Brian Greenspun

Mailing Address 901 N Green Valley Pkwy

City

Henderson

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenspun Corporation

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61104

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Myra Greenspun

Mailing Address 901 N Green Valley Pkwy
#210

City

Henderson

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61105

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Blanche Hawkins

Mailing Address 126 Dellwood Ave

City

Dellwood

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61089

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Deborah Higginbottom

Mailing Address 1927 Burling St

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C60982

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Elzie Higginbottom

Mailing Address 3240 North Lake Shore Drive
Apartment 15D

City

Chicago

State

IL

Zip Code

60657-3964

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Lake Management

Occupation

Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: C60983

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 132

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Roberta Humphreys

Mailing Address 595 Pond View Drive

City

Mendota Heights

State

MN

Zip Code

55120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Professor

Occupation

University of Minnesota

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	8

Transaction ID: C61055

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce Karsh

Mailing Address 1201 Tower Grove Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oaktree Capital Management

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: C61081

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Martha Karsh

Mailing Address 1201 Tower Grove Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: C61080

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Richard Kayne

Mailing Address 801 Woodacres Road

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kayne Anderson Capital

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61064

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Suzanne Kayne

Mailing Address 801 Woodacres Road

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61063

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Declan Kelly

Mailing Address 270 Broadway Apt 17C

City

New York

State

NY

Zip Code

10007

FEC ID number of contributing
federal political committee.

C

Name of Employer
FD International

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61083

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Julia Kelly

Mailing Address

City

New York

State

NY

Zip Code

10007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61084

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Shirin Kermanshachi

Mailing Address 20 Borden Lane

City

East Hampton

State

NY

Zip Code

11937

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharon Shurbert

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61086

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Linda Lader

Mailing Address 11284 Big Canoe

City

Big Canoe

State

GA

Zip Code

30143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: C61107

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Marsha Laufer

Mailing Address 178 Old Field Road

City

Setauket

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61153

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Matthew Mallow

Mailing Address 1 West 72 Street
Apartment 25

City

Manhattan

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skadden, Arps, Slate

Occupation
Attorney Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61095

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Catherine Marron

Mailing Address 720 Park Ave 6a

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61097

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Cynthia McCullagh

Mailing Address 1201 California St #801

City

San Francisco

State

CA

Zip Code

94109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shorenstein

Occupation

Director of Public Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C61110

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Perri Peltz

Mailing Address One Beckman Place, 16th Floor

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: C61106

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lisa Pritzker

Mailing Address 3575 Washington Street

City

San Francisco

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: C61111

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Michael Recanati

Mailing Address 590 Fifth Avenue
19th Floor

City State Zip Code
New York NY 10036

FEC ID number of contributing
federal political committee.

C

Name of Employer
590 Services Corporation

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: C61152

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Jane L. Rosenthal

Mailing Address 1 West 72nd Street

City State Zip Code
New York NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribeca Productions

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61154

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Howard J. Rubenstein

Mailing Address c/o Rubenstein & Associates, Inc.
1345 Avenue of the Americas

City State Zip Code
New York NY 10105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rubenstein & Associates,
Inc.

Occupation
Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61150

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Ali Saffari

Mailing Address 1424 North Doheny Drive

City

Los Angeles

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61059

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Julie Sakellariadis

Mailing Address 639 West End Ave Apt 14A

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61091

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Nicholas J Sakellariadis

Mailing Address 639 West End Ave. Apt 14A

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citigroup

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61092

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

E. Bonnie Schaefer

Mailing Address 2070 North Ocean Boulevard

City State Zip Code
 Boca Raton FL 33431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 9 / 2 0 0 8

Transaction ID: C61066

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Walter H. Shorenstein

Mailing Address c/o The Shorenstein Co.
 555 California Street

City State Zip Code
 San Francisco CA 94104

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Shorenstein Company

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 8

Transaction ID: C61109

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Gerrie Smith

Mailing Address 6345 Balboa Boulevard

City State Zip Code
 Encino CA 91316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 8

Transaction ID: C61061

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Darren Star

Mailing Address 9100 Wilshire Blvd

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Writer Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: C61085

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Ira J. Statfeld

Mailing Address 590 Fifth Avenue
19th Floor

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing
federal political committee.

C

Name of Employer
590 Services Corporation

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: C61151

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Joan Stern

Mailing Address 135 South 19th Street

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blank Rome LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: C61065

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Mary Stone

Mailing Address PO Box 56

City

Amagansett

State

NY

Zip Code

11930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61096

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

John A. Sykes

Mailing Address 911 Park Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Viacom/MTV Networks

Occupation

President, Network Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61100

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Lizzie Tisch

Mailing Address 502 Park Ave

City

Manhattan

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not employed

Occupation

Not employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: C61108

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

11100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Ruth Usem

Mailing Address 4700 West Lake Harriet Parkway

City State Zip Code
 Minneapolis MN 55410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 8

Transaction ID: C61057

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Harvey Weinstein

Mailing Address 375 Greenwich Street

City State Zip Code
 New York NY 10013

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Weinstein Company

Occupation
Film Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 8

Transaction ID: C61099

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Constance Williams

Mailing Address 307 Brentford Road

City State Zip Code
 Haverford PA 19041

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Pennsylvania

Occupation
State Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 8

Transaction ID: C60574

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 132

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Judith Ellen Zarin

Mailing Address 110 Riverside Drive

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Film Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C61093

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Deborah Zum

Mailing Address 7 East 14th Street

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Organizational Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: C60986

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional)

7700.00

TOTAL This Period (last page this line number only)

259600.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 132

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HillPAC

A.

Full Name (Last, First, Middle Initial)

Border Health Federal PAC

Mailing Address 1210 W Expressway 83 Suite 10

City	State	Zip Code
Pharr	TX	78577

FEC ID number of contributing
federal political committee.**C** C00415752

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Transaction ID: C60575

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-248</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1118.23</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PNC</p> <p>Mailing Address PO Box 609</p> <p>City Pittsburgh State PA Zip Code 15230</p> <p>Purpose of Disbursement Banking Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-487</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>27.61</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Electronic Transaction Systems</p> <p>Mailing Address 10 Pidgeon Hill Drive</p> <p>City Sterling State VA Zip Code 20165</p> <p>Purpose of Disbursement Credit Card Process Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-489</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>991.82</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

2137.66

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Carefirst Bluecross Blueshield

Mailing Address Post Office Box 79749

City State Zip Code
Baltimore MD 21279-0749Purpose of Disbursement
Employee Benefits

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-75

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

7052.03

B.

Full Name (Last, First, Middle Initial)

Carefirst Bluecross Blueshield

Mailing Address Post Office Box 79749

City State Zip Code
Baltimore MD 21279-0749Purpose of Disbursement
Employee Benefits

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-76

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

825.72

C.

Full Name (Last, First, Middle Initial)

CyberSource

Mailing Address 1295 Charleston Road

City State Zip Code
Mountain View CA 94043Purpose of Disbursement
Credit Card Process Fee

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

800.30

SUBTOTAL of Disbursements This Page (optional)

8678.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Demo Strategies, LLC	Transaction ID: SB21B-77 Date of Disbursement
Mailing Address 1700 Q Street, N.W.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
Purpose of Disbursement Consulting/ Fundraising Candidate Name	<div> <div>1000.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Gray & Partners	Transaction ID: SB21B-78 Date of Disbursement
Mailing Address 75 Arlington Street Suite 500	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Boston State MA Zip Code 02116	Amount of Each Disbursement this Period
Purpose of Disbursement Consulting/ Fundraising Candidate Name	<div> <div>1000.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Comcast	Transaction ID: SB21B-79 Date of Disbursement
Mailing Address Post Office Box 3005	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Southeastern State PA Zip Code 19398	Amount of Each Disbursement this Period
Purpose of Disbursement Subscription Candidate Name	<div> <div>305.10</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2305.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement
Taxes

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-80

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

279.72

B.

Full Name (Last, First, Middle Initial)
Comptroller of MD - WH Tax

Mailing Address Post Office Box 37272

City Baltimore State MD Zip Code 21297-3272

Purpose of Disbursement
Taxes

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-81

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

541.40

C.

Full Name (Last, First, Middle Initial)
North Carolina Department of Revenue

Mailing Address Post Office Box 25000

City Raleigh State NC Zip Code 27640-0615

Purpose of Disbursement
Taxes

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-82

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

16.00

SUBTOTAL of Disbursements This Page (optional)

837.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) North Carolina Department of Revenue	Transaction ID: SB21B-83 Date of Disbursement																				
Mailing Address Post Office Box 25000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	8												
City Raleigh State NC Zip Code 27640-0615	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">16.00</td> </tr> </table>	16.00																			
16.00																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Soundpath Conferencing Svcs.	Transaction ID: SB21B-84 Date of Disbursement																				
Mailing Address Post Office Box 33667	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	8												
City Washington State DC Zip Code 20033-3667	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service	<table border="1"> <tr> <td colspan="10">116.56</td> </tr> </table>	116.56																			
116.56																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-486 Date of Disbursement																				
Mailing Address Post Office Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	0	8												
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Process Fee	<table border="1"> <tr> <td colspan="10">694.12</td> </tr> </table>	694.12																			
694.12																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

826.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Iron Mountain Info. Mgmt., Inc	Transaction ID: SB21B-90 Date of Disbursement																				
Mailing Address Post Office Box 27128	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	8												
City New York State NY Zip Code 10087	Amount of Each Disbursement this Period																				
Purpose of Disbursement Software Candidate Name	<table border="1"> <tr> <td colspan="10">160.00</td> </tr> </table>	160.00																			
160.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JBG Fairfax Drive, LLC	Transaction ID: SB21B-91 Date of Disbursement																				
Mailing Address Post Office Box 601914	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	8												
City Charlotte State NC Zip Code 28260-1914	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent Candidate Name	<table border="1"> <tr> <td colspan="10">36487.07</td> </tr> </table>	36487.07																			
36487.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Congressional Quarterly, Inc.	Transaction ID: SB21B-92 Date of Disbursement																				
Mailing Address 1255 22nd Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	0	8												
City Washington State DC Zip Code 20037	Amount of Each Disbursement this Period																				
Purpose of Disbursement Subscription Candidate Name	<table border="1"> <tr> <td colspan="10">430.00</td> </tr> </table>	430.00																			
430.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

37077.07

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

8642.71

10457.20

467.02

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HILLPAC

A.

Full Name (Last, First, Middle Initial)
State of California Employment Development Dept.

Mailing Address Post Office Box 826276

City State Zip Code
Sacramento CA 94230-6276

Purpose of Disbursement
Taxes

Candidate Name

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B-278

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

25.31

B.

Full Name (Last, First, Middle Initial)
DC Office Of Tax and Revenue

Mailing Address Post Office Box 7792
Ben Franklin Station

City State Zip Code
Washington DC 20044

Purpose of Disbursement
Taxes

Candidate Name

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B-279

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

2273.70

C.

Full Name (Last, First, Middle Initial)
New York State Employment

Mailing Address Post Office Box 4119

City State Zip Code
Binghamton NY 13902

Purpose of Disbursement
Taxes

Candidate Name

101
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB21B-281

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

130.54

SUBTOTAL of Disbursements This Page (optional)

2429.55

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC**A.**

Full Name (Last, First, Middle Initial)

Commonwealth of Pennsylvania Dept. State

Mailing Address 210 North Office Building

City
HarrisburgState
PAZip Code
17120Purpose of Disbursement
Taxes

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-282

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

30.70

B.

Full Name (Last, First, Middle Initial)

Virginia Dept of Taxation

Mailing Address Post Office Box 177

City
RichmondState
VAZip Code
23218Purpose of Disbursement
Taxes

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

441.96

C.

Full Name (Last, First, Middle Initial)

New York State Employment

Mailing Address Post Office Box 4119

City
BinghamtonState
NYZip Code
13902Purpose of Disbursement
Taxes

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-284

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Amount of Each Disbursement this Period

39.99

SUBTOTAL of Disbursements This Page (optional)

512.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Virginia Employment Commission	Transaction ID: SB21B-285 Date of Disbursement																				
Mailing Address Post Office Box 1358	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Richmond State VA Zip Code 23218	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">1495.43</td> </tr> </table>	1495.43																			
1495.43																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) New York State Employment	Transaction ID: SB21B-286 Date of Disbursement																				
Mailing Address Post Office Box 4119	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Binghamton State NY Zip Code 13902	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">66.72</td> </tr> </table>	66.72																			
66.72																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Illinois Dept of Revenue	Transaction ID: SB21B-280 Date of Disbursement																				
Mailing Address Post Office Box 19030	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Springfield State IL Zip Code 62794-9030	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">52.50</td> </tr> </table>	52.50																			
52.50																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1614.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 730 15th Street, N.W.</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Banking Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-247</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="98.47"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 7450 Tilghman Street Suite 107</p> <p>City Allentown State PA Zip Code 18106</p> <p>Purpose of Disbursement Payroll Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-249</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="333.56"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jon Lovett</p> <p>Mailing Address 1743 18th Street NW Basement</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-287</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.60"/></p>

SUBTOTAL of Disbursements This Page (optional)

612.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Huma Abedin</p> <p>Mailing Address 2020 12th Street, N.W. Number 709</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-288 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1376.27</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Emily Aden</p> <p>Mailing Address 1101 New Hampshire Avenue, NW Apartment 311</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-289 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>567.51</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Caroline Adler</p> <p>Mailing Address 1021 North Garfield Street Apartment 444</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-290 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>989.16</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2932.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Hailey Arends	Transaction ID: SB21B-291 Date of Disbursement																				
Mailing Address 331 11th Street, N.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">1211.39</td> </tr> </table>	1211.39																			
1211.39																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Kathryn Balcerzak	Transaction ID: SB21B-292 Date of Disbursement																				
Mailing Address 7303 Meadow Wood Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Clarksville State MD Zip Code 21029	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">521.03</td> </tr> </table>	521.03																			
521.03																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Liza Ballantine	Transaction ID: SB21B-293 Date of Disbursement																				
Mailing Address 200 Central Park South Apartment 18-J	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City New York State NY Zip Code 10019	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary	<table border="1"> <tr> <td colspan="10">367.36</td> </tr> </table>	367.36																			
367.36																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2099.78

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Anne Clement	Transaction ID: SB21B-297 Date of Disbursement																				
Mailing Address 507 South Golden Sky Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Anaheim Hills State CA Zip Code 92807	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">451.65</td> </tr> </table>	451.65																			
451.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Nalinee Darmrong	Transaction ID: SB21B-298 Date of Disbursement																				
Mailing Address 5511 Blair Road, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Washington State DC Zip Code 20011	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">407.99</td> </tr> </table>	407.99																			
407.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Abby Deift	Transaction ID: SB21B-299 Date of Disbursement																				
Mailing Address 175 West 93rd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City New York State NY Zip Code 10025	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">502.56</td> </tr> </table>	502.56																			
502.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1362.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kathleen Dowd</p> <p>Mailing Address 1718 P Street NW Apartment 511</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-300 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1518.27</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Anna Dudek</p> <p>Mailing Address 900 North Stuart Street Apartment 1713</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-301 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1140.46</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joseph Figueiredo</p> <p>Mailing Address 1747 Clover Street</p> <p>City Rochester State NY Zip Code 14618</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-302 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>430.66</div></p>

SUBTOTAL of Disbursements This Page (optional)

3089.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sarah Gegenheimer</p> <hr/> <p>Mailing Address 1810 California Street, N.W. Apartment 305</p> <hr/> <p>City Washington State DC Zip Code 20009</p> <hr/> <p>Purpose of Disbursement Salary <input type="checkbox"/> 101 Candidate Name Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-303 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>559.54</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Stephanie Gent</p> <hr/> <p>Mailing Address 2000 N Street NW Apartment 801</p> <hr/> <p>City Washington State DC Zip Code 20036</p> <hr/> <p>Purpose of Disbursement Salary <input type="checkbox"/> 101 Candidate Name Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-304 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>441.03</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Timothy Green</p> <hr/> <p>Mailing Address 1315 North Van Dorn Street</p> <hr/> <p>City Alexandria State VA Zip Code 22304</p> <hr/> <p>Purpose of Disbursement Salary <input type="checkbox"/> 101 Candidate Name Category/Type</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-305 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </p> <hr/> <p>Amount of Each Disbursement this Period <div>1321.43</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

2322.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Patrick Hallahan</p> <p>Mailing Address 1010 25th Street, NW Apartment 709</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-306 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>791.68</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Alex Hornbrook</p> <p>Mailing Address 1112 M Street NW Apartment 806</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-307 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>20.52</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Anne Hughes</p> <p>Mailing Address 1421 Massachusetts Avenue, NW Apartment 511</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-308 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1372.89</div></p>

SUBTOTAL of Disbursements This Page (optional)

2185.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Lindsey Katherine Jack</p> <hr/> <p>Mailing Address 2601 Woodley Place, N.W. Apartment 915</p> <hr/> <p>City Washington State DC Zip Code 20008</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">101 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-309 Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">260.37</div>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cassandra Jones</p> <hr/> <p>Mailing Address 1812 Vernon Street, NW Apartment 4</p> <hr/> <p>City Washington State DC Zip Code 20009</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">101 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-310 Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">943.43</div>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Monica Jordan</p> <hr/> <p>Mailing Address 19565 Black Olive Lane</p> <hr/> <p>City Boca Raton State FL Zip Code 33498</p> <hr/> <p>Purpose of Disbursement Salary Candidate Name</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">101 Category/ Type</div> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-311 Date of Disbursement</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8</div> <hr/> <p>Amount of Each Disbursement this Period</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">413.84</div>

SUBTOTAL of Disbursements This Page (optional)

1617.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Katherine Corley Kenna</p> <p>Mailing Address 912 F Street, NW Apartment 701</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-312 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1187.79</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sabrina Kirkwood</p> <p>Mailing Address 4751 Stuart Street</p> <p>City Rocklin State CA Zip Code 95765</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-313 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>315.20</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Andrea Krizner</p> <p>Mailing Address 306 Picture Drive</p> <p>City Pittsburgh State PA Zip Code 15236</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-314 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>797.17</div></p>

SUBTOTAL of Disbursements This Page (optional)

2300.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bari Lurie</p> <p>Mailing Address 1616 Q Street NW Apartment C</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-315 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>857.44</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tamera Luzzatto</p> <p>Mailing Address 3014 32nd Street, N.W.</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-316 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>540.61</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jonathan Mantz</p> <p>Mailing Address 10709 Great Arbor Drive</p> <p>City Potomac State MD Zip Code 20854</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-317 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>2002.20</div></p>

SUBTOTAL of Disbursements This Page (optional)

3400.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Capricia Marshall	Transaction ID: SB21B-318 Date of Disbursement																				
Mailing Address 4703 Windom Place, N.W.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1503.72</td> </tr> </table>	1503.72																			
1503.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Donna Camellia Meehan	Transaction ID: SB21B-319 Date of Disbursement																				
Mailing Address 1682 North Quinn Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">504.98</td> </tr> </table>	504.98																			
504.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	Transaction ID: SB21B-320 Date of Disbursement																				
Mailing Address 902 South Quincy Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Arlington State VA Zip Code 22204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">370.72</td> </tr> </table>	370.72																			
370.72																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2379.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly Molstre</p> <p>Mailing Address 2415 20th Street, N.W. Unit 27</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-321 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1102.71</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael Monroe</p> <p>Mailing Address 2200 19th St. N.W. Apartment 309</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-322 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>4006.17</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Shelly Moskwa</p> <p>Mailing Address 120 Grafton Street</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-323 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2075.67</div> </p>

SUBTOTAL of Disbursements This Page (optional)

7184.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) James Orintas	Transaction ID: SB21B-324 Date of Disbursement																				
Mailing Address 3421 Morrison Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Washington State DC Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">865.16</td> </tr> </table>	865.16																			
865.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) John Osterholt	Transaction ID: SB21B-325 Date of Disbursement																				
Mailing Address 4740 Sarazen Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Hollywood State FL Zip Code 33021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">381.62</td> </tr> </table>	381.62																			
381.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bryan Pagliano	Transaction ID: SB21B-326 Date of Disbursement																				
Mailing Address 1601 Colonial Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1257.74</td> </tr> </table>	1257.74																			
1257.74																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2504.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maura Pally</p> <p>Mailing Address 1757 Q Street, N.W. Apartment F</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-327 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>1805.37</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ameel Patel</p> <p>Mailing Address 1825 T Street NW Apartment 401</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-328 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>683.37</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Laura Pena</p> <p>Mailing Address 125 Old Alice Road</p> <p>City Brownsville State TX Zip Code 78552</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-329 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>1226.33</div> </p>

SUBTOTAL of Disbursements This Page (optional)

3715.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Philippe Reines

Mailing Address 1545 18th Street, N.W.
Apartment 822

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-330

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

611.86

B.

Full Name (Last, First, Middle Initial)

Ali Rubin

Mailing Address 1515 O Street NW
Apartment 305

City Washington State DC Zip Code 20005

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-331

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

582.62

C.

Full Name (Last, First, Middle Initial)

Robert Russo

Mailing Address 3 Washington Circle NW
Apartment 105

City Washington State DC Zip Code 20037

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-332

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

530.22

SUBTOTAL of Disbursements This Page (optional)

1724.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nicholas Schmit</p> <p>Mailing Address 3726 Connecticut Avenue NW Apartment 514</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-333 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>691.73</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Eric Schroeder</p> <p>Mailing Address 1222 North Meade</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-334 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>388.35</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kevin Snowden</p> <p>Mailing Address 11 Marvin Avenue</p> <p>City Hicksville State NY Zip Code 11801</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-335 Date of Disbursement <div>08 / 15 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>370.72</div></p>

SUBTOTAL of Disbursements This Page (optional) ►

1450.80

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

MM / DD / YYYY

642.08

State: District:

08 / 15 / 2008

1267.90

State: District:

1204.12

State: District:

FEC Schedule B (Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Allison Wright	Transaction ID: SB21B-342 Date of Disbursement																				
Mailing Address 6208 32nd Place, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Washington State DC Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1283.44</td> </tr> </table>	1283.44																			
1283.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Angela Baker	Transaction ID: SB21B-343 Date of Disbursement																				
Mailing Address 2350 10th Avenue E Number 220	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Seattle State WA Zip Code 98102	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">404.25</td> </tr> </table>	404.25																			
404.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sarah Nolan	Transaction ID: SB21B-344 Date of Disbursement																				
Mailing Address P.O. Box 156	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">918.12</td> </tr> </table>	918.12																			
918.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2605.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Total Fundraising Strat., Inc.</p> <p>Mailing Address 3005 South Lamar Boulevard Number D-109-347</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of Disbursement Consulting/ Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-191</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Total Fundraising Strat., Inc.</p> <p>Mailing Address 3005 South Lamar Boulevard Number D-109-347</p> <p>City Austin State TX Zip Code 78704</p> <p>Purpose of Disbursement Consulting/ Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-192</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="63.80"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Eiring Consulting</p> <p>Mailing Address 1213 Duncan Place, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Consulting/ Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-193</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p>

SUBTOTAL of Disbursements This Page (optional)

3063.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-194 Date of Disbursement																				
Mailing Address Post Office Box 660720	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Dallas State TX Zip Code 75266	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">2966.64</td> </tr> </table>	2966.64																			
2966.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Brown Palace Hotel	Transaction ID: SB21B-195 Date of Disbursement																				
Mailing Address 321 17th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Denver State CO Zip Code 80202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<table border="1"> <tr> <td colspan="10">5228.36</td> </tr> </table>	5228.36																			
5228.36																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Brown Palace Hotel	Transaction ID: SB21B-202 Date of Disbursement																				
Mailing Address 321 17th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Denver State CO Zip Code 80202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Event Expense: Catering/Venue Candidate Name	<table border="1"> <tr> <td colspan="10">4264.13</td> </tr> </table>	4264.13																			
4264.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12459.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.	<p>Full Name (Last, First, Middle Initial) American University</p> <p>Mailing Address 4400 Massachusetts Ave., N.W. Constitution 100</p> <p>City Washington State DC Zip Code 20016-8083</p> <p>Purpose of Disbursement Registration Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-250 Date of Disbursement <div>08 / 22 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>50.00</div></p>
B.	<p>Full Name (Last, First, Middle Initial) Markham Group, LLC</p> <p>Mailing Address 823 West Markham Street Suite 202</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement Consulting/ Trip Planning</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-251 Date of Disbursement <div>08 / 25 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1333.33</div></p>
C.	<p>Full Name (Last, First, Middle Initial) At Risk Protection & Inv., LLC</p> <p>Mailing Address Post Office Box 270</p> <p>City Catharpin State VA Zip Code 20143</p> <p>Purpose of Disbursement Security</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-252 Date of Disbursement <div>08 / 25 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>2240.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

3623.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

At Risk Protection & Inv., LLC

Mailing Address Post Office Box 270

City State Zip Code
Catharpin VA 20143

Purpose of Disbursement
Security

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-253

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

2240.00

B.

Full Name (Last, First, Middle Initial)

At Risk Protection & Inv., LLC

Mailing Address Post Office Box 270

City State Zip Code
Catharpin VA 20143

Purpose of Disbursement
Security

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-254

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

2240.00

C.

Full Name (Last, First, Middle Initial)

Dominion Virginia Power

Mailing Address Post Office Box 26543

City State Zip Code
Richmond VA 23290-0001

Purpose of Disbursement
Office Utilities

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-255

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

57.04

SUBTOTAL of Disbursements This Page (optional)

4537.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) LDI/Color Toolbox</p> <p>Mailing Address 50 Jericho Quadrangle</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-256</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="107.43"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LDI/Color Toolbox</p> <p>Mailing Address 50 Jericho Quadrangle</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-257</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="195.76"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LDI/Color Toolbox</p> <p>Mailing Address 50 Jericho Quadrangle</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-258</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="195.76"/></p>

SUBTOTAL of Disbursements This Page (optional)

498.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Dominion Virginia Power	Transaction ID: SB21B-259 Date of Disbursement
Mailing Address Post Office Box 26543	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23290-0001	Amount of Each Disbursement this Period
Purpose of Disbursement Office Utilities Candidate Name	<div> <div>120.30</div> <div>101</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Lexis Nexis	Transaction ID: SB21B-260 Date of Disbursement
Mailing Address Post Office Box 7247-7090	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-7090	Amount of Each Disbursement this Period
Purpose of Disbursement Subscription Candidate Name	<div> <div>772.04</div> <div>101</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ricoh's America's Corp.	Transaction ID: SB21B-261 Date of Disbursement
Mailing Address Post Office Box 41601	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19101-1601	Amount of Each Disbursement this Period
Purpose of Disbursement Equipment Candidate Name	<div> <div>81.90</div> <div>101</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

974.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
HillPAC

A.	<p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 15124</p> <p>City Albany State NY Zip Code 12212-5124</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-262</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.64"/></p>
B.	<p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 15124</p> <p>City Albany State NY Zip Code 12212-5124</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-263</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="236.72"/></p>
C.	<p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address Post Office Box 660720</p> <p>City Dallas State TX Zip Code 75266-0720</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-264</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="165.87"/></p>

SUBTOTAL of Disbursements This Page (optional)

463.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Verizon Mailing Address Post Office Box 15124	Transaction ID: SB21B-265 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2008</div> </div>
City Albany State NY Zip Code 12212-5124 Purpose of Disbursement Telephone Service Candidate Name <div> <div>101</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>365.99</div>
B. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address Post Office Box 15062 City Albany State NY Zip Code 12212-5062 Purpose of Disbursement Telephone Service Candidate Name <div> <div>101</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-266 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>126.69</div>
C. Full Name (Last, First, Middle Initial) SL Green Management, LLC Mailing Address Post Office Box 5162 Building 420 City New York State NY Zip Code 10087-5162 Purpose of Disbursement Rent Candidate Name <div> <div>101</div> <div>Category/Type</div> </div> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B-267 Date of Disbursement <div> <div>08</div> <div>27</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>46.67</div>

SUBTOTAL of Disbursements This Page (optional) ►

539.35

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
SL Green Management, LLC

Transaction ID: SB21B-268

Date of Disbursement

08 / 27 / 2008

Mailing Address Post Office Box 5162
Building 420

Amount of Each Disbursement this Period

4138.32

City State Zip Code
New York NY 10087-5162

Purpose of Disbursement
Rent

101
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: SB21B-269

Date of Disbursement

08 / 27 / 2008

Mailing Address Post Office Box 25505

Amount of Each Disbursement this Period

494.20

City State Zip Code
Lehigh Valley PA 18002-5505

Purpose of Disbursement
Telephone Service

101
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Jefferson Street Strateg., LLC

Transaction ID: SB21B-270

Date of Disbursement

08 / 27 / 2008

Mailing Address 428 Jefferson Street, N.W.

Amount of Each Disbursement this Period

500.00

City State Zip Code
Washington DC 20011

Purpose of Disbursement
Consulting/Website

101
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5132.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A. Full Name (Last, First, Middle Initial) Pollara Consulting Group, Inc.</p> <p>Mailing Address 100 Andalusia Avenue Number 613</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Consulting/ Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>101 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address Post Office Box 1270</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit Card Pymt: Items Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-469</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.34"/></p> <p>101 Category/ Type</p> <p>See Attached Memo Entry</p>
<p>C. Full Name (Last, First, Middle Initial) Tzell Travel Group</p> <p>Mailing Address 119 West 40th Street</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-469-10000</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="11.67"/></p> <p>002 Category/ Type</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)

1023.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-469-20000 Date of Disbursement
Mailing Address 119 West 40th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>11.67</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-470 Date of Disbursement
Mailing Address Post Office Box 1270	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Pymt: Items Below	<div>170.99</div>
Candidate Name	<div>101</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
C. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-10000 Date of Disbursement
Mailing Address 119 West 40th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>11.67</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

170.99

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-20000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">11.67</td> </tr> </table>	11.67																			
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Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-30000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">17.50</td> </tr> </table>	17.50																			
17.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-40000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
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City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">17.50</td> </tr> </table>	17.50																			
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Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-50000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">17.50</td> </tr> </table>	17.50																			
17.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	002	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Memo Entry																					
B. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-60000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	7		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">11.67</td> </tr> </table>	11.67																			
11.67																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	002	Category/ Type																		
002																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Memo Entry																					
C. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-70000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">17.50</td> </tr> </table>	17.50																			
17.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	002	Category/ Type																		
002																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Memo Entry																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-470-80000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">17.50</td> </tr> </table>	17.50																			
17.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
B. Full Name (Last, First, Middle Initial) Expedia.com	Transaction ID: SB21B-470-90000 Date of Disbursement																				
Mailing Address 3150 139th Avenue, S.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	8												
City Bellevue State WA Zip Code 98005	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">3.00</td> </tr> </table>	3.00																			
3.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
C. Full Name (Last, First, Middle Initial) Orbitz.com	Transaction ID: SB21B-470-100000 Date of Disbursement																				
Mailing Address 200 South Wacker Drive, Ste. 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	8												
City Chicago State IL Zip Code 60606	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">10.48</td> </tr> </table>	10.48																			
10.48																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Tzell Travel Group

Mailing Address 119 West 40th Street

City State Zip Code
New York NY 10018

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-470-110000

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

17.50

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

Tzell Travel Group

Mailing Address 119 West 40th Street

City State Zip Code
New York NY 10018

Purpose of Disbursement
Travel

Candidate Name

002

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-470-120000

Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

17.50

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address Post Office Box 1270

City State Zip Code
Newark NJ 07101

Purpose of Disbursement
Credit Card Pymt: Items Below

Candidate Name

101

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-471

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

761.69

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)

761.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) United Airlines Mailing Address Post Office Box 66100	Transaction ID: SB21B-471-10000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>579.83</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City New York State NY Zip Code 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-471-20000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>11.67</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 West Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-471-30000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>71.41</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.	Full Name (Last, First, Middle Initial) Delta Air Lines	Transaction ID: SB21B-471-40000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8
	Mailing Address Post Office Box 20706	
	City Atlanta State GA Zip Code 30320-6001	Amount of Each Disbursement this Period 74.78
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: SB21B-471-50000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 8
	Mailing Address 60 Massachusetts Avenue, N.E.	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 24.00
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-472 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	Mailing Address Post Office Box 1270	
	City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period 6614.74
	Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name	101 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		See Attached Memo Entry
SUBTOTAL of Disbursements This Page (optional)		6614.74
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-472-10000 Date of Disbursement																				
Mailing Address 111 West Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	8												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">156.50</td> </tr> </table>	156.50																			
156.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
B. Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: SB21B-472-20000 Date of Disbursement																				
Mailing Address Post Office Box 4607	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	6		2	0	0	8												
City Houston State TX Zip Code 77210-4607	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">80.25</td> </tr> </table>	80.25																			
80.25																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-472-30000 Date of Disbursement																				
Mailing Address 111 West Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	8												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: SB21B-472-40000 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 8 0 6 2 0 0 8 </div>
Mailing Address Frontier Center One, 7001Tower	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">89.35</div>
<div style="display: flex; justify-content: space-between;"> City Denver State CO Zip Code 80249 </div>	
Purpose of Disbursement Travel	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: auto;">002</div> Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-472-50000 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 8 0 6 2 0 0 8 </div>
Mailing Address 119 West 40th Street	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">17.50</div>
<div style="display: flex; justify-content: space-between;"> City New York State NY Zip Code 10018 </div>	
Purpose of Disbursement Travel	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: auto;">002</div> Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-472-60000 Date of Disbursement <div style="display: flex; justify-content: space-around;"> M M / D D / Y Y Y Y 0 8 1 6 2 0 0 8 </div>
Mailing Address 119 West 40th Street	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">17.50</div>
<div style="display: flex; justify-content: space-between;"> City New York State NY Zip Code 10018 </div>	
Purpose of Disbursement Travel	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: auto;">002</div> Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div style="display: flex; justify-content: space-between;"> <div> SUBTOTAL of Disbursements This Page (optional) ▶ TOTAL This Period (last page this line number only) ▶ </div> <div style="border: 1px solid black; padding: 5px; text-align: right; width: 200px;"> 0.00 </div> </div>	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 81 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4255 Amon Carter Boulevard	Transaction ID: SB21B-472-70000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div>
City State Zip Code Fort Worth TX 76155-2603 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>146.00</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) Tzell Travel Group Mailing Address 119 West 40th Street City State Zip Code New York NY 10018 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-80000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>11.67</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) Frontier Airlines Mailing Address Frontier Center One, 7001 Tower City State Zip Code Denver CO 80249 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-90000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>139.84</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-472-100000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>17.50</td> </tr> </table>	17.50																			
17.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
B. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-472-110000 Date of Disbursement																				
Mailing Address 4255 Amon Carter Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	8												
City Fort Worth State TX Zip Code 76155-2603	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>146.00</td> </tr> </table>	146.00																			
146.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
C. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B-472-120000 Date of Disbursement																				
Mailing Address Post Office Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	8												
City DalLas Vegas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td>319.25</td> </tr> </table>	319.25																			
319.25																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 83 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Airtran Airways

Mailing Address 9955 AirTran Boulevard, Dept.

City Orlando State FL Zip Code 32827

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-472-130000

Date of Disbursement

08 / 16 / 2008

Amount of Each Disbursement this Period

72.50

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address Post Office Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-472-140000

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

241.00

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Tzell Travel Group

Mailing Address 119 West 40th Street

City New York State NY Zip Code 10018

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-472-150000

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

17.50

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-472-160000 Date of Disbursement																				
Mailing Address 111 West Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	8												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">156.50</td> </tr> </table>	156.50																			
156.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
B. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B-472-170000 Date of Disbursement																				
Mailing Address Post Office Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	8												
City DalLas Vegas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">154.33</td> </tr> </table>	154.33																			
154.33																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
C. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB21B-472-180000 Date of Disbursement																				
Mailing Address Post Office Box 36647 - 1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	8												
City DalLas Vegas State TX Zip Code 75235-1647	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">262.75</td> </tr> </table>	262.75																			
262.75																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC**A.**Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address Post Office Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement
Travel

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-472-190000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Amount of Each Disbursement this Period

226.75

[MEMO ITEM]

Memo Entry

B.Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address Post Office Box 36647 - 1CR

City DalLas Vegas State TX Zip Code 75235-1647

Purpose of Disbursement
Travel

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-472-200000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Amount of Each Disbursement this Period

186.25

[MEMO ITEM]

Memo Entry

C.Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address Post Office Box 36647 - 1CR

City DalLas Vegas State TX Zip Code 75235-1647

Purpose of Disbursement
Travel

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-472-210000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Amount of Each Disbursement this Period

154.33

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-472-220000 Date of Disbursement MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 111 West Rio Salado Parkway	
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period 224.25
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-472-230000 Date of Disbursement MM / DD / YYYY 08 / 05 / 2008
	Mailing Address 4255 Amon Carter Boulevard	
	City Fort Worth State TX Zip Code 76155-2603	Amount of Each Disbursement this Period 160.00
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B-472-240000 Date of Disbursement MM / DD / YYYY 08 / 05 / 2008
	Mailing Address Post Office Box 66100	
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 231.50
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 87 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR	Transaction ID: SB21B-472-250000 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2008</div> </div>
City DalLas Vegas State TX Zip Code 75235-1647 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>231.50</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4255 Amon Carter Boulevard City Fort Worth State TX Zip Code 76155-2603 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-260000 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>243.00</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR City DalLas Vegas State TX Zip Code 75235-1647 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-270000 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>149.00</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-472-280000 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Mailing Address 111 West Rio Salado Parkway	
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period 74.78
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry
B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-472-290000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	Mailing Address 4255 Amon Carter Boulevard	
	City Fort Worth State TX Zip Code 76155-2603	Amount of Each Disbursement this Period 243.00
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry
C.	Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B-472-300000 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 8
	Mailing Address Post Office Box 66100	
	City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period 398.00
	Purpose of Disbursement Travel Candidate Name	002 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR	Transaction ID: SB21B-472-310000 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div>
City DalLas Vegas State TX Zip Code 75235-1647 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>128.50</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) Frontier Airlines Mailing Address Frontier Center One, 7001Tower City Denver State CO Zip Code 80249 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-320000 Date of Disbursement <div> <div>08</div> <div>06</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>90.10</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) Delta Air Lines Mailing Address Post Office Box 20706 City Atlanta State GA Zip Code 30320-6001 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-330000 Date of Disbursement <div> <div>08</div> <div>06</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>85.00</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) United Airlines Mailing Address Post Office Box 66100	Transaction ID: SB21B-472-340000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>203.00</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4255 Amon Carter Boulevard City Fort Worth State TX Zip Code 76155-2603 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-350000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>80.00</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) JetBlue Mailing Address 11829 Queen's Boulevard City Flushing State NY Zip Code 11375 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-360000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>97.25</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-472-370000 Date of Disbursement
Mailing Address 4255 Amon Carter Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Fort Worth State TX Zip Code 76155-2603	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>156.50</div>
Candidate Name	<div>002</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-472-380000 Date of Disbursement
Mailing Address 111 West Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>156.50</div>
Candidate Name	<div>002</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B-472-390000 Date of Disbursement
Mailing Address 4255 Amon Carter Boulevard	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Fort Worth State TX Zip Code 76155-2603	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>156.50</div>
Candidate Name	<div>002</div> <div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR	Transaction ID: SB21B-472-400000 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2008</div> </div>
City DalLas Vegas State TX Zip Code 75235-1647 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>231.50</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4255 Amon Carter Boulevard City Fort Worth State TX Zip Code 76155-2603 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-410000 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>156.50</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) United Airlines Mailing Address Post Office Box 66100 City Chicago State IL Zip Code 60666 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-472-420000 Date of Disbursement <div> <div>08</div> <div>07</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>129.75</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B-272 Date of Disbursement																				
Mailing Address Post Office Box 15124	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Albany State NY Zip Code 12212-5124	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Service Candidate Name	<table border="1"> <tr> <td colspan="10">314.07</td> </tr> </table>	314.07																			
314.07																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B-485 Date of Disbursement																				
Mailing Address Post Office Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	8		2	0	0	8												
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Process Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1970.10</td> </tr> </table>	1970.10																			
1970.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B-431 Date of Disbursement																				
Mailing Address Service Center	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">8192.29</td> </tr> </table>	8192.29																			
8192.29																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

10476.46

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

10023.41

365.88

25.31

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Illinois Dept of Revenue	Transaction ID: SB21B-435 Date of Disbursement
Mailing Address Post Office Box 19030	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Springfield State IL Zip Code 62794-9030	Amount of Each Disbursement this Period
Purpose of Disbursement Taxes	<div> <div></div> <div>52.50</div> </div>
Candidate Name	<div> <div>101</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DC Office Of Tax and Revenue	Transaction ID: SB21B-436 Date of Disbursement
Mailing Address Post Office Box 7792 Ben Franklin Station	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20044	Amount of Each Disbursement this Period
Purpose of Disbursement Taxes	<div> <div></div> <div>2155.70</div> </div>
Candidate Name	<div> <div>101</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) New York State Employment	Transaction ID: SB21B-437 Date of Disbursement
Mailing Address Post Office Box 4119	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Binghamton State NY Zip Code 13902	Amount of Each Disbursement this Period
Purpose of Disbursement Taxes	<div> <div></div> <div>139.88</div> </div>
Candidate Name	<div> <div>101</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2348.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A. Full Name (Last, First, Middle Initial) Commonwealth of Pennsylvania Dept. State</p> <p>Mailing Address 210 North Office Building</p> <p>City Harrisburg State PA Zip Code 17120</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-438</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.70"/></p>
<p>B. Full Name (Last, First, Middle Initial) Virginia Dept of Taxation</p> <p>Mailing Address Post Office Box 177</p> <p>City Richmond State VA Zip Code 23218</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-439</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="363.94"/></p>
<p>C. Full Name (Last, First, Middle Initial) New York State Employment</p> <p>Mailing Address Post Office Box 4119</p> <p>City Binghamton State NY Zip Code 13902</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-440</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.72"/></p>

SUBTOTAL of Disbursements This Page (optional)

444.36

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HILLPAC

A.

Full Name (Last, First, Middle Initial)
Diane Hamwi

Mailing Address 1218 9Th Street
Apartment 2

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement
Consulting/ Fundraising

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-374

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Huma Abedin

Mailing Address 2020 12th Street, N.W.
Number 709

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-375

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1376.27

C.

Full Name (Last, First, Middle Initial)
Emily Aden

Mailing Address 1101 New Hampshire Avenue, NW
Apartment 311

City Washington State DC Zip Code 20037

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-376

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

567.51

SUBTOTAL of Disbursements This Page (optional)

2943.78

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

State: District:

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Liza Ballantine</p> <p>Mailing Address 200 Central Park South Apartment 18-J</p> <p>City New York State NY Zip Code 10019</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-380 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>367.36</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Yael Belkind</p> <p>Mailing Address 700 New Hampshire Avenue, NW Apartment 316</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-381 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>847.39</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dennis Cheng</p> <p>Mailing Address 4 West 21st Street Apartment 7-A</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-382 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>1444.20</div></p>

SUBTOTAL of Disbursements This Page (optional)

2658.95

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC**A.**

Full Name (Last, First, Middle Initial)

Cindy Cicarell

Mailing Address 1032 North Monroe Street

City State Zip Code
Arlington VA 22201Purpose of Disbursement
Salary

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-383

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

546.55

B.

Full Name (Last, First, Middle Initial)

Anne Clement

Mailing Address 507 South Golden Sky Lane

City State Zip Code
Anaheim Hills CA 92807Purpose of Disbursement
Salary

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-384

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

451.65

C.

Full Name (Last, First, Middle Initial)

Nalinee Darmrong

Mailing Address 5511 Blair Road, NE

City State Zip Code
Washington DC 20011Purpose of Disbursement
Salary

Candidate Name

101
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-385

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

407.99

SUBTOTAL of Disbursements This Page (optional)

1406.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Abby Deift

Mailing Address 175 West 93rd Street

City State Zip Code
New York NY 10025

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-386

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

502.56

B.

Full Name (Last, First, Middle Initial)

Kathleen Dowd

Mailing Address 1718 P Street NW
 Apartment 511

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-387

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1484.78

C.

Full Name (Last, First, Middle Initial)

Joseph Figueiredo

Mailing Address 1747 Clover Street

City State Zip Code
Rochester NY 14618

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-388

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

430.66

SUBTOTAL of Disbursements This Page (optional)

2418.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sarah Gegenheimer</p> <p>Mailing Address 1810 California Street, N.W. Apartment 305</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-389 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>559.54</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Stephanie Gent</p> <p>Mailing Address 2000 N Street NW Apartment 801</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-390 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>441.03</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Timothy Green</p> <p>Mailing Address 1315 North Van Dorn Street</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-391 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1286.22</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2286.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Patrick Hallahan</p> <p>Mailing Address 1010 25th Street, NW Apartment 709</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-392 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>791.68</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Anne Hughes</p> <p>Mailing Address 1421 Massachusettes Avenue, NW Apartment 511</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-393 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1372.89</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lindsey Katherine Jack</p> <p>Mailing Address 2601 Woodley Place, N.W. Apartment 915</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-394 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>260.37</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2424.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cassandra Jones</p> <p>Mailing Address 1812 Vernon Street, NW Apartment 4</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-395 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>902.20</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Monica Jordan</p> <p>Mailing Address 19565 Black Olive Lane</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-396 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>413.84</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Katherine Corley Kenna</p> <p>Mailing Address 912 F Street, NW Apartment 701</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-397 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1147.75</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2463.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Sabrina Kirkwood	Transaction ID: SB21B-398 Date of Disbursement																				
Mailing Address 4751 Stuart Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Rocklin State CA Zip Code 95765	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">315.25</td> </tr> </table>	315.25																			
315.25																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Andrea Krizner	Transaction ID: SB21B-399 Date of Disbursement																				
Mailing Address 306 Picture Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Pittsburgh State PA Zip Code 15236	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">797.17</td> </tr> </table>	797.17																			
797.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jon Lovett	Transaction ID: SB21B-400 Date of Disbursement																				
Mailing Address 1743 18th Street NW Basement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">192.39</td> </tr> </table>	192.39																			
192.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1304.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 108 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Bari Lurie

Mailing Address 1616 Q Street NW
Apartment C

City Washington State DC Zip Code 20009

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-401

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

857.44

B.

Full Name (Last, First, Middle Initial)

Tamera Luzzatto

Mailing Address 3014 32nd Street, N.W.

City Washington State DC Zip Code 20008

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-402

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

540.61

C.

Full Name (Last, First, Middle Initial)

Jonathan Mantz

Mailing Address 10709 Great Arbor Drive

City Potomac State MD Zip Code 20854

Purpose of Disbursement
Salary

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-403

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1891.16

SUBTOTAL of Disbursements This Page (optional)

3289.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 109 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Capricia Marshall	Transaction ID: SB21B-404 Date of Disbursement
Mailing Address 4703 Windom Place, N.W.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20016	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name	<div> <div>1393.96</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Donna Camellia Meehan	Transaction ID: SB21B-405 Date of Disbursement
Mailing Address 1682 North Quinn Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name	<div> <div>504.98</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kelly Mehlenbacher	Transaction ID: SB21B-406 Date of Disbursement
Mailing Address 902 South Quincy Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22204	Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name	<div> <div>370.72</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2269.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kimberly Molstre</p> <p>Mailing Address 2415 20th Street, N.W. Unit 27</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-407 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>1005.08</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael Monroe</p> <p>Mailing Address 2200 19th St. N.W. Apartment 309</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-408 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>3930.92</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Shelly Moskwa</p> <p>Mailing Address 120 Grafton Street</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-409 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>2075.67</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

7011.67

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) James Orintas	Transaction ID: SB21B-410 Date of Disbursement																				
Mailing Address 3421 Morrison Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Washington State DC Zip Code 20015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">824.95</td> </tr> </table>	824.95																			
824.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) John Osterholt	Transaction ID: SB21B-411 Date of Disbursement																				
Mailing Address 4740 Sarazen Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Hollywood State FL Zip Code 33021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">381.62</td> </tr> </table>	381.62																			
381.62																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bryan Pagliano	Transaction ID: SB21B-412 Date of Disbursement																				
Mailing Address 1601 Colonial Terrace	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	9		2	0	0	8												
City Arlington State VA Zip Code 22209	Amount of Each Disbursement this Period																				
Purpose of Disbursement Salary Candidate Name	<table border="1"> <tr> <td colspan="10">1174.92</td> </tr> </table>	1174.92																			
1174.92																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2381.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Maura Pally</p> <p>Mailing Address 1757 Q Street, N.W. Apartment F</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-413 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>1805.37</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Amea Patel</p> <p>Mailing Address 1825 T Street NW Apartment 401</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-414 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>683.37</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Laura Pena</p> <p>Mailing Address 125 Old Alice Road</p> <p>City Brownsville State TX Zip Code 78552</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-415 Date of Disbursement <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </p> <p>Amount of Each Disbursement this Period <div>1226.33</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

3715.07

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Philippe Reines</p> <p>Mailing Address 1545 18th Street, N.W. Apartment 822</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-416 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>611.86</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ali Rubin</p> <p>Mailing Address 1515 O Street NW Apartment 305</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-417 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>541.40</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Robert Russo</p> <p>Mailing Address 3 Washington Circle NW Apartment 105</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-418 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>530.22</div></p>

SUBTOTAL of Disbursements This Page (optional)

1683.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nicholas Schmit</p> <p>Mailing Address 3726 Connecticut Avenue NW Apartment 514</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-419 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>650.52</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Eric Schroeder</p> <p>Mailing Address 1222 North Meade</p> <p>City Arlington State VA Zip Code 22209</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-420 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>388.35</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kevin Snowden</p> <p>Mailing Address 11 Marvin Avenue</p> <p>City Hicksville State NY Zip Code 11801</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-421 Date of Disbursement <div>08 / 29 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>370.72</div></p>

SUBTOTAL of Disbursements This Page (optional)

1409.59

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

600.87

1267.90

1204.12

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.	Full Name (Last, First, Middle Initial) Nora Toiv	Transaction ID: SB21B-425 Date of Disbursement
	Mailing Address 7110 Central Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
	City Takoma Park State MD Zip Code 20912	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Salary</div> <div>Candidate Name</div> <div>101</div> <div>Category/Type</div> </div>	<div>403.65</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
B.	Full Name (Last, First, Middle Initial) Sarah Venuto	Transaction ID: SB21B-426 Date of Disbursement
	Mailing Address 801 15th Street South Apartment 411	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
	City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Salary</div> <div>Candidate Name</div> <div>101</div> <div>Category/Type</div> </div>	<div>768.46</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	
C.	Full Name (Last, First, Middle Initial) Allison Wright	Transaction ID: SB21B-427 Date of Disbursement
	Mailing Address 6208 32nd Place, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
	City Washington State DC Zip Code 20015	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement Salary</div> <div>Candidate Name</div> <div>101</div> <div>Category/Type</div> </div>	<div>1283.44</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	

SUBTOTAL of Disbursements This Page (optional)

2455.55

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

363.03

1338.57

529.91

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 1270	Transaction ID: SB21B-473 Date of Disbursement <div> <div>08</div> <div>30</div> <div>2008</div> </div>
City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>431.00</div> See Attached Memo Entry
B. Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address Post Office Box 36647 - 1CR City Dallas State TX Zip Code 75235-1647 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-473-10000 Date of Disbursement <div> <div>08</div> <div>12</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>431.00</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) American Express Mailing Address Post Office Box 1270 City Newark State NJ Zip Code 07101 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-474 Date of Disbursement <div> <div>08</div> <div>30</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>316.92</div> See Attached Memo Entry
SUBTOTAL of Disbursements This Page (optional) ▶	<div>747.92</div>
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 119 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
Westin Convention Ct Pittsburg

Mailing Address 1000 Penn Avenue

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-474-10000
Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

316.92

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address Post Office Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
Credit Card Pymt: Items Below

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-475
Date of Disbursement

08 / 30 / 2008

Amount of Each Disbursement this Period

309.76

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)
Congressional Quarterly

Mailing Address 1255 22nd Street NW

City Washington State DC Zip Code 20037

Purpose of Disbursement
Subscription

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-475-10000
Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

286.67

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)

309.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 120 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HILLPAC

A. Full Name (Last, First, Middle Initial) New York Times Mailing Address 229 W 43rd St	Transaction ID: SB21B-475-20000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10036-3913 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>8.93</div> [MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) The New York Post Mailing Address 1211 Avenue of the Americas City New York State NY Zip Code 10036-8790 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-475-30000 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>14.16</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408 City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-476 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>140.00</div> See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) ►

140.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 121 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-476-10000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-476-20000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	0		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-476-30000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 122 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) Tzell Travel Group	Transaction ID: SB21B-476-40000 Date of Disbursement																				
Mailing Address 119 West 40th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	8		2	0	0	8												
City New York State NY Zip Code 10018	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">35.00</td> </tr> </table>	35.00																			
35.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				
B. Full Name (Last, First, Middle Initial) US Bank	Transaction ID: SB21B-477 Date of Disbursement																				
Mailing Address PO Box 790408	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	8												
City St. Louis State MO Zip Code 63179-0408	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Pymt: Items Below	<table border="1"> <tr> <td colspan="10">12475.26</td> </tr> </table>	12475.26																			
12475.26																					
Candidate Name	<table border="1"> <tr> <td>101</td> </tr> </table> Category/ Type	101																			
101																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry																				
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-477-10000 Date of Disbursement																				
Mailing Address 111 West Rio Salado Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	2		2	0	0	8												
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">458.50</td> </tr> </table>	458.50																			
458.50																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry																				

SUBTOTAL of Disbursements This Page (optional)

12475.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 123 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
Delta Air Lines

Mailing Address Post Office Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-20000
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

458.50

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-30000
Date of Disbursement

07 / 24 / 2008

Amount of Each Disbursement this Period

206.00

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-40000
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

667.50

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
HillPAC

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-80000
Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

194.00

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-90000
Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

206.00

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-100000
Date of Disbursement

08 / 07 / 2008

Amount of Each Disbursement this Period

165.00

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-477-110000 Date of Disbursement
Mailing Address 111 West Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 8</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>138.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
B. Full Name (Last, First, Middle Initial) United Airlines	Transaction ID: SB21B-477-120000 Date of Disbursement
Mailing Address Post Office Box 66100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60666	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>2583.50</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB21B-477-130000 Date of Disbursement
Mailing Address 111 West Rio Salado Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 8</div> </div>
City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div>666.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 / 132

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-140000
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

175.00

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 60 Massachusetts Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-477-150000
Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

175.00

[MEMO ITEM]
Memo Entry

C.

Full Name (Last, First, Middle Initial)
US Bank

Mailing Address PO Box 790408

City St. Louis State MO Zip Code 63179-0408

Purpose of Disbursement
Credit Card Pymt: Items Below

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-478
Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

3097.45

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional)

3097.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 128 / 132

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)
Carnelian Room

Mailing Address 555 California Street 52

City State Zip Code
San Francisco CA 94104

Purpose of Disbursement
Event Expense: Catering/Venue

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-478-10000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3097.45

[MEMO ITEM]
Memo Entry

B.

Full Name (Last, First, Middle Initial)
US Bank

Mailing Address PO Box 790408

City State Zip Code
St. Louis MO 63179-0408

Purpose of Disbursement
Credit Card Pymt: Items Below

Candidate Name

101

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-479

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.69

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)
Papery of Arlington

Mailing Address 2871 Clarendon Boulevard

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
Event Supplies

Candidate Name

003

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-479-10000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.35

[MEMO ITEM]
Memo Entry

SUBTOTAL of Disbursements This Page (optional)

56.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 1515 North Courthouse Road, #1</p> <p>City Arlington State VA Zip Code 22201</p> <p>Purpose of Disbursement Event Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-479-20000</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 28.34</p> <p>[MEMO ITEM] Memo Entry</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 790408</p> <p>City St. Louis State MO Zip Code 63179-0408</p> <p>Purpose of Disbursement Credit Card Pymt: Items Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-480</p> <p>Date of Disbursement 08 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 74.94</p> <p>See Attached Memo Entry</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) 1-800-Flowers.com</p> <p>Mailing Address One Old Country Road Suite 500</p> <p>City Carle Place State NY Zip Code 11514</p> <p>Purpose of Disbursement Event Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B-480-10000</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 74.94</p> <p>[MEMO ITEM] Memo Entry</p>

SUBTOTAL of Disbursements This Page (optional)

74.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A. Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 790408	Transaction ID: SB21B-481 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2008</div> </div>
City St. Louis State MO Zip Code 63179-0408 Purpose of Disbursement Credit Card Pymt: Items Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>317.25</div> See Attached Memo Entry
B. Full Name (Last, First, Middle Initial) Amtrak Mailing Address 60 Massachusetts Avenue, N.E. City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-481-10000 Date of Disbursement <div> <div>08</div> <div>08</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>103.00</div> [MEMO ITEM] Memo Entry
C. Full Name (Last, First, Middle Initial) US Airways Mailing Address 111 West Rio Salado Parkway City Tempe State AZ Zip Code 85281 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-481-20000 Date of Disbursement <div> <div>08</div> <div>08</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>214.25</div> [MEMO ITEM] Memo Entry

SUBTOTAL of Disbursements This Page (optional)

317.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

CyberSource

Mailing Address 1295 Charleston Road

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Credit Card Process Fee

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-484

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2008

Amount of Each Disbursement this Period

873.63

SUBTOTAL of Disbursements This Page (optional)

873.63

TOTAL This Period (last page this line number only)

260801.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HillPAC

A.

Full Name (Last, First, Middle Initial)

Alfred Butters

Mailing Address 11210 Petworth Lane

City State Zip Code
Glenn Dale MD 20769

Purpose of Disbursement
Refund

Candidate Name

101
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A-488

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2008

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00